



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2017  
OF THE CONDITION AND AFFAIRS OF THE

HAP Midwest Health Plan, Inc.

NAIC Group Code	1311	1311	NAIC Company Code	95814	Employer's ID Number	38-3123777
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]		Hospital, Medical & Dental Service or Indemnity [ ]	
	Dental Service Corporation [ ]		Vision Service Corporation [ ]		Health Maintenance Organization [ X ]	
	Other [ ]				Is HMO Federally Qualified? Yes [ ] No [ ]	
Incorporated/Organized	01/01/1994		Commenced Business		01/01/1994	
Statutory Home Office	2850 West Grand Blvd			Detroit, MI, US 48202		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	2850 West Grand Blvd		Detroit, MI, US 48202		888-654-2200	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	PO Box 2578		Detroit, MI, US 48202			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	2850 West Grand Blvd		Detroit, MI, US 48202		888-654-2200	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.Hap.org\midwest					
Statutory Statement Contact	Dianna L. Ronan CPA			248-443-1093		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	dronan@hap.org			248-443-8610		
	(E-Mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
Michael Genord MD	President	Richard Swift #	Treasurer
Annmarie Erickson #	Secretary	Teresa Kline	Chairman

OTHER OFFICERS


DIRECTORS OR TRUSTEES

Annmarie Erickson #	Michael A. Genord MD	Richard Swift #	Teresa Kline
Mary Ann Tournoux			

State of Michigan ss  
County of Wayne

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael Genord MD President	Richard Swift Treasurer	Annmarie Erickson Secretary
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a. Is this an original filing? Yes [ X ] No [ ]  
b. If no:  
1. State the amendment number  
2. Date filed  
3. Number of pages attached

Subscribed and sworn to before me this  
day of

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE HAP Midwest Health Plan, Inc.

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	1,025,165		1,025,165	1,027,117
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ ..... 15,063,363 ), cash equivalents (\$ ..... 0 ) and short-term investments (\$ ..... 34,105,702 ) .....	49,169,065		49,169,065	72,658,797
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	50,194,230	0	50,194,230	73,685,914
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	40,849		40,849	19,261
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	4,912,358		4,912,358	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	1,252,742		1,252,742	820,137
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	0		0	0
17. Amounts receivable relating to uninsured plans .....			0	2,604,892
18.1 Current federal and foreign income tax recoverable and interest thereon .....	760,201		760,201	572,477
18.2 Net deferred tax asset .....	2,205,570	485,167	1,720,403	1,720,403
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	233,540		233,540	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	0		0	0
24. Health care (\$ ..... 1,758,226 ) and other amounts receivable .....	1,758,226		1,758,226	6,006,186
25. Aggregate write-ins for other-than-invested assets .....	1,788,181	260,988	1,527,193	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	63,145,897	746,155	62,399,742	85,429,270
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	63,145,897	746,155	62,399,742	85,429,270
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaid Assets .....	260,988	260,988	0	0
2502. State Income Tax Refund Due .....	1,527,193	0	1,527,193	0
2503. ....	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	1,788,181	260,988	1,527,193	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded).....	22,181,910		22,181,910	26,764,445
2. Accrued medical incentive pool and bonus amounts .....	502,890		502,890	1,182,069
3. Unpaid claims adjustment expenses .....	625,000		625,000	778,491
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act.....	788,411		788,411	0
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	10,885,226		10,885,226	2,470,411
9. General expenses due or accrued .....	1,801,087		1,801,087	960,680
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....	185,969		185,969	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	586,751		586,751	26,410,120
16. Derivatives.....		0	0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	2,551,315
24. Total liabilities (Lines 1 to 23).....	37,557,244	0	37,557,244	61,117,531
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	186,230	186,230
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	33,770	33,770
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	24,622,498	24,091,738
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	24,842,498	24,311,738
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	62,399,742	85,429,269
DETAILS OF WRITE-INS				
2301. Liability - State Tax Refunds.....			0	2,551,315
2302. ....			0	0
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	2,551,315
2501. Health Insurance Providers Fee 2015 Reserve.....	XXX	XXX		0
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	74,650	72,390	96,690
2. Net premium income (including \$ non-health premium income).....	XXX	86,496,951	90,971,523	122,454,548
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	(20,618)	(11,196)	(11,196)
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	86,476,333	90,960,327	122,443,352
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		38,237,789	30,817,594	39,105,792
10. Other professional services .....		28,239,841	31,210,070	44,829,364
11. Outside referrals .....		44,839	2,007,123	3,171,694
12. Emergency room and out-of-area .....		3,421,679	4,351,083	5,671,532
13. Prescription drugs .....		4,905,662	7,466,531	10,729,288
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		94,000	488,648	519,258
16. Subtotal (Lines 9 to 15) .....	0	74,943,810	76,341,049	104,026,928
<b>Less:</b>				
17. Net reinsurance recoveries .....		0	985,775	1,246,766
18. Total hospital and medical (Lines 16 minus 17) .....	0	74,943,810	75,355,274	102,780,162
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 1,293,897 cost containment expenses.....		3,546,916	2,733,838	3,138,286
21. General administrative expenses.....		8,969,856	9,995,900	14,685,556
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	87,460,582	88,085,012	120,604,004
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(984,249)	2,875,315	1,839,348
25. Net investment income earned .....		217,184	583,746	630,159
26. Net realized capital gains (losses) less capital gains tax of \$ .....			301,695	301,695
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	217,184	885,441	931,854
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ) (amount charged off \$ )] .....			0	0
29. Aggregate write-ins for other income or expenses .....	0	0	30,507,300	30,507,300
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(767,065)	34,268,056	33,278,502
31. Federal and foreign income taxes incurred .....	XXX	(241,000)	11,471,019	10,287,537
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(526,065)	22,797,037	22,990,965
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX		0	0
0602. ....	XXX		0	0
0603. Child & Adolescent Health Center Fee.....	XXX	(20,618)	(11,196)	(11,196)
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	(20,618)	(11,196)	(11,196)
0701. ....	XXX		0	0
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. Membership transfer gain.....			30,507,300	30,507,300
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	30,507,300	30,507,300

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	24,311,737	57,362,569	57,362,569
34. Net income or (loss) from Line 32 .....	(526,065)	22,797,037	22,990,965
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	(62,788)	(680,800)	(1,251,845)
39. Change in nonadmitted assets .....	1,119,613	(699,419)	128,235
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....		0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		(186,230)	0
45. Surplus adjustments:			
45.1 Paid in .....		186,230	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		(30,000,000)	(54,700,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	(218,187)
48. Net change in capital and surplus (Lines 34 to 47) .....	530,760	(8,583,182)	(33,050,832)
49. Capital and surplus end of reporting period (Line 33 plus 48)	24,842,497	48,779,387	24,311,737
DETAILS OF WRITE-INS			
4701. ....		0	0
4702. Correction of Immaterial Error - Tax.....	0	0	(218,187)
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	(218,187)

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	90,787,819	95,219,304	118,565,615
2. Net investment income .....	197,549	787,929	1,017,259
3. Miscellaneous income .....	(20,618)	(11,196)	(11,196)
4. Total (Lines 1 to 3) .....	90,964,750	95,996,037	119,571,678
5. Benefit and loss related payments .....	80,205,524	121,776,012	151,472,790
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	9,224,964	23,949,846	22,471,155
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	(53,276)	6,790,990	9,700,000
10. Total (Lines 5 through 9) .....	89,377,212	152,516,848	183,643,945
11. Net cash from operations (Line 4 minus Line 10) .....	1,587,538	(56,520,811)	(64,072,267)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	48,179,688	48,179,688
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	48,179,688	48,179,688
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	12,958,567	12,958,567
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	527,592	829,287
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	13,486,159	13,787,854
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	0	34,693,529	34,391,834
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		0	0
16.5 Dividends to stockholders .....	0	30,000,000	30,000,000
16.6 Other cash provided (applied).....	(25,077,268)	5,974,336	5,916,999
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(25,077,268)	(24,025,664)	(24,083,001)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(23,489,730)	(45,852,946)	(53,763,434)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	72,658,796	126,422,230	126,422,230
19.2 End of period (Line 18 plus Line 19.1) .....	49,169,066	80,569,284	72,658,796

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE HAP Midwest Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	8,076	18	.0	.0	.0	.0	.0	2,299	5,759	.0
2. First Quarter .....	8,344	.0	.0	.0	.0	.0	.0	5,803	2,541	.0
3. Second Quarter .....	8,314	23	.0	.0	.0	.0	.0	5,599	2,692	.0
4. Third Quarter .....	8,127	31						5,350	2,746	
5. Current Year	0									
6. Current Year Member Months	74,650	225						50,577	23,848	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	105,348							55,050	50,298	
8. Non-Physician .....	109,292							60,042	49,250	
9. Total	214,640	0	0	0	0	0	0	115,092	99,548	0
10. Hospital Patient Days Incurred	7,716							7,005	711	
11. Number of Inpatient Admissions	1,241							1,070	171	
12. Health Premiums Written (a).....	95,085,457	23,521						65,984,593	29,077,343	
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	95,085,457	23,521						65,984,593	29,077,343	
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	80,205,524	3,421						69,960,192	10,241,911	
18. Amount Incurred for Provision of Health Care Services	74,943,810	3,421						65,370,377	9,570,012	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 80,236,974

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	6,960	12,115	14,151	3,134	21,111	21,111
2. Medicare Supplement .....					0	0
3. Dental only .....					0	0
4. Vision only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....	11,013,081	38,292,036	3,516,089	10,851,800	14,529,170	14,529,170
7. Title XIX - Medicaid .....	8,968,274	20,730,988	3,144,622	4,652,114	12,112,896	12,112,895
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8).....	19,988,315	59,035,139	6,674,862	15,507,048	26,663,177	26,663,176
10. Health care receivables (a) .....					0	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	1,182,070			502,890	1,182,070	1,182,070
13. Totals (Lines 9-10+11+12)	21,170,385	59,035,139	6,674,862	16,009,938	27,845,247	27,845,246

(a) Excludes \$ .....77,162,404 loans or advances to providers not yet expensed.

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of HAP Midwest Health Plan, Inc. (Company) have been prepared in conformity with accounting practices prescribed or permitted by the State of Michigan of Insurance and Financial Services (DIFS). The DIFS requires insurance companies domiciled in the State of Michigan to prepare their statutory-basis financial statements in accordance with the National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual (APPM). There are no deviations from NAIC AAPM in the Company's financial statements as presented in the Quarterly Statement.

In accordance with the guidance provided by the NAIC: (1) only those footnotes which have changed significantly since the filing of the Company's Annual Statement for the year ended December 31, 2016 or (2) those which are required to be included in the Quarterly Statement are included below. For further information on the Company's significant accounting policies and disclosures, these Quarterly Statements should be read in conjunction with the Company's 2016 Annual Statement.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

NET INCOME	SSAP #	F/S Page #	F/S Line #	Sep 30, 2017	Dec 31, 2016
(1) State Basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	( \$526,064)	\$22,990,965
(2) State Prescribed Practices that increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXXX	XXX	<u>(526,064)</u>	<u>\$22,990,965</u>
SURPLUS					
(5) State Basis (Page 3, Line 33, Columns 3 & 4)				\$24,842,498	\$24,311,738
(6) State Prescribed Practices that increase/(decrease) from NAIC SAP:	XXX	XXX	XXX		
(7) State Permitted Practices that increase/(decrease) from NAIC SAP:	XXX	XXX	XXX		
(8) NAIC SAP (5-6-7=8)				<u>\$24,842,498</u>	<u>\$24,311,738</u>

B. Use of Estimates in the Preparation of the Financial Statements

No change

C. 1 – 5 Accounting Policy

No significant change

6. Loan-Baked Securities - The Company does not own invested assets that are loan-backed securities during 2017

D. Going Concern

The management does not consider there to be any present conditions or events that would raise substantial doubt about the Corporation's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

Not applicable

3. Business Combination and Goodwill

- A. Statutory Purchase Method- Not applicable
- B. Statutory Merger- Not applicable
- C. Assumption Reinsurance- Not applicable
- D. Impairment Loss- Not applicable

4. Discontinued Operations

Not applicable

## **5. Investments**

A. Mortgage Loans – Not applicable

B. Debt Restructuring – Not applicable

C. Reverse Mortgages – Not applicable

D. Loan-Backed Securities– Not applicable

E. Repurchase Agreements and/Securities Lending Transitions

The Company has no repurchase agreements and not engaged in security lending transactions during 2017.

F. Real Estate – Not applicable

G. Investment in Low-Income Housing Tax Credits – Not applicable

H. Restricted Assets- No significant change

I. Working Capital Finance Investments- Not applicable

1. Not applicable

2. & 3. The Company did not have any working capital finance investments during 2017

J. Offsetting and Netting of Assets and Liabilities

The Company did not offset or net any assets and liabilities during 2017.

K. Structured Notes – Not applicable

L. 5\* Securities – Not applicable

## **6. Joint Ventures, Partnerships and Limited Liability Companies**

A. No change

B. No change

## **7. Investment Income**

Not applicable

## **8. Derivative Instruments**

Not applicable

## **9. Income Taxes**

No significant change

## **10. Information Concerning Parent, Subsidiaries and Affiliates**

No significant change

## **11. Debt**

A. Not applicable

B. The Company did not have Federal Home Loan Bank Agreements during 2017.

## **12. Employee Benefit Plan**

A. 1- 3 Not applicable

4 The Company did not have defined benefit plan during 2017.

5 Investment Policies and Strategies – Not applicable

6 Fair Value of Each Class Assets – Not applicable

7 Basis to determine the overall expected long-term rate of return on assets assumptions – Not applicable

8 Defined Contribution Plan – No significant change

9 Multiemployer Plans – Not applicable

10 Consolidated/Holding – Not applicable

11 Post-employment Benefits and Compensated Absences – Not applicable

- 12 Impact of Medicare Modernization Act on Postretirement Benefits – Not applicable

**13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

- 1. Capital stock – No significant change
- 2. Preferred stock – Not applicable
- 3. Dividend Restrictions - No significant change
- 4. Dates and amounts of dividends paid –The Company and Its parent, HAP , requested and received approval from DIFS, for an additional extraordinary dividend of \$24,700,000 in December 2016. The dividend was paid on January 6, 2017.
- 5. Dividend Restrictions Based on Profits - No significant change
- 6. Restrictions on Unassigned Funds (Surplus) – Not applicable
- 7. Advances to Surplus Not Repaid – Not applicable.
- 8. Stock held for Special Purposes – Not applicable.
- 9. Changes in special Surplus funds – Not applicable
- 10. There are no cumulative unrealized gains and losses that reduce Unassigned funds (Surplus)
- 11. Surplus Notes – Not applicable
- 12. Impact of a Restatement Due to a Quasi-reorganization – Not applicable
- 13. The Effective Date(s) of a Quasi-Reorganization for the Prior Ten Years – Not applicable

**14. Liabilities, Contingencies and Assessments**

- A. Contingent Commitments - Not applicable
- B. Assessments – No significant change.
- C. Gain Contingencies - Not applicable
- D. Claims Related Extra Contractual Obligation and Bad, Faith Losses Stemming from Lawsuits - Not applicable
- E. Joint and Several Liabilities - Not applicable
- F. All Other Contingencies- Not applicable

**15. Leases**

- A. Lessee Operating Lease -No significant change
- B. Lessor Leases – Not applicable
- C. Leveraged Leases – Not applicable

**16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk.**

Not applicable

**17. Sales, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities**

- A. Transfers of Receivables Reported as Sales- Not applicable
- B. Transfer and Servicing of Financial Assets  
The Company had no transferring or servicing financial assets during 2017.
- C. Wash Sales-  
The Company had no wash sales during 2017.

**18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans.**

- A. ASO Plans – Not applicable
- B. ASC Plans – Not applicable
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – No significant change

**19. Direct Premium Written/Produced by Managing General Third Agents/Third Party Administrators**

Not applicable

20. Fair Value Measurements

- A. The Company has not measured or reported any of its assets and liabilities at fair value in its balance sheet after initial recognition during 2017.
- B. Other Fair Value Disclosure - Not applicable
- C. Aggregate fair values of all financial instruments and applicable levels within the fair value hierarchy

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets/ Liabilities	(Level 1)	(Level 2)	(Level 3)	Not Practicable Carrying Value
Bonds	1,025,165	1,025,165		1,025,165		
Short-Term Investment						
Money Market Funds	34,105,702	34,105,702	34,105,702			

- D. Financial instruments or classes of financial instruments for which fair value measurements are not determinable – Not applicable

21. Other Items

- A. Unusual or Infrequent Items  
Not Applicable
- B. Troubled Debt Restructuring – Not applicable
- C. Other Disclosures  
Not Applicable
- D. Business Interruption Insurance Recoveries – Not applicable
- E. State Transferable Tax Credits – Not applicable
- F. Subprime Mortgage Related Risk Exposure – Not applicable
- G. Retained Assets- Not applicable
- H. Insurance-Linked Securities - Not applicable

22. Events Subsequent

- Type I- Recognized Subsequent Events - No significant change
- Type II-Nonrecognized Subsequent Events – No significant change

23. Reinsurance

No significant change

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination.

- A -D No significant change
- E- Risk-Sharing Provisions of the Affordable Care Act (AC)

The Company did not write accident and health insurance that is subject to the Affordable Care Act (AC) during 2017.

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of September 30, 2017 were \$22,181,910. As of September 30, 2017, \$21,170,385 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$6,674,862.

26. Intercompany Pooling Arrangements

Not applicable

27. Structured Settlements

Not applicable

**28. Health Care Receivables**

- A. Pharmaceutical/Rebates Receivable – No significant change
- B. Risk Sharing Receivable - No significant change

**29. Participating Policies**

Not applicable

**30. Premium Deficiency Reserves**

Not applicable

**31. Anticipated Salvage and Subrogation**

Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☐ NA ☒
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2015
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2015
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/28/2017
- 6.4

By what department or departments?

Michigan
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [X] No [ ]

9.11

If the response to 9.1 is No, please explain:  
.....

9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [ ] No [X]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ .....

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [X]

11.2

If yes, give full and complete information relating thereto:  
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....

13.

Amount of real estate and mortgages held in short-term investments: .....\$ .....

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [X]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-Term Investments .....	\$ .....	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....

Yes [ ] No [ ]

If no, attach a description with this statement.



GENERAL INTERROGATORIES

16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ .....0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$ .....0

16.3 Total payable for securities lending reported on the liability page

\$ .....0

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? ..... Yes [X] No [ ]

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
The Northern Trust Company.....	Chicago, Illinois.....
Comerica Bank & Trust.....	Detroit, Michigan.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
J.P. Morgan Investment Management, Inc.....	U.....
The Dreyfus Corportion.....	U.....
Goldman Sachs Asset Management LP.....	U.....
Fedelity management and Research company.....	U.....
Wells Fargo Funds Management LLC.....	U.....
The Northern Trust Company.....	U.....
Comerica Bank, NA.....	U.....
Comerica Securities, Inc.....	U.....
Edward Chadwick.....	A.....
Richard Swift.....	I.....
Hedrick Schuur.....	A.....
Kelly English.....	A.....
Beth Treatt.....	A.....
Leslie Hardy.....	A.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity's assets? ..... Yes [ ] No [ X ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? ..... Yes [ ] No [ X ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107038.....	J.P. Morgan Investment Management, Inc.....	549300Q7485FUJKEMM46.....	SEC.....	NO.....
105642.....	The Dreyfus Corportion.....	54930067A504FBYASH16.....	SEC.....	NO.....
107738.....	Goldman Sachs Asset Management LP.....	CF5M58QA35CFPUX70H17.....	SEC.....	NO.....
108281.....	Fedelity management and Research company.....	5493001Z012YSB2A0K51.....	SEC.....	NO.....
110841.....	Wells Fargo Funds Management LLC.....	549300ZYNVRO67EZFC38.....	SEC.....	NO.....
	The Northern Trust Company.....			
N/A.....	Comerica Bank, NA.....	70WYO1D1N53Q4254VH70.....	FDIC.....	NO.....
17079.....	Comerica Securities, Inc.....		SEC.....	NO.....
N/A.....	Edward Chadwick.....	Not Applicable.....	Not Applicable.....	
N/A.....	Hedrick Schuur.....	Not Applicable.....	Not Applicable.....	

GENERAL INTERROGATORIES

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
N/A.....	Kelly English.....	Not Applicable.....	Not Applicable.....	
N/A.....	Beth Treatt.....	Not Applicable.....	Not Applicable.....	
N/A.....	Leslie Hardy.....	Not Applicable.....	Not Applicable.....	

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? ..... Yes ☒ No ☐

18.2 If no, list exceptions:  
.....

GENERAL INTERROGATORIES  
PART 2 - HEALTH

1.	Operating Percentages:	
1.1	A&H loss percent.....	88.1 %
1.2	A&H cost containment percent .....	1.5 %
1.3	A&H expense percent excluding cost containment expenses.....	12.9 %
2.1	Do you act as a custodian for health savings accounts?.....	Yes [ ] No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$
2.3	Do you act as an administrator for health savings accounts?.....	Yes [ ] No [X]
2.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$

**STATEMENT AS OF SEPTEMBER 30, 2017 OF THE HAP Midwest Health Plan, Inc.**

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

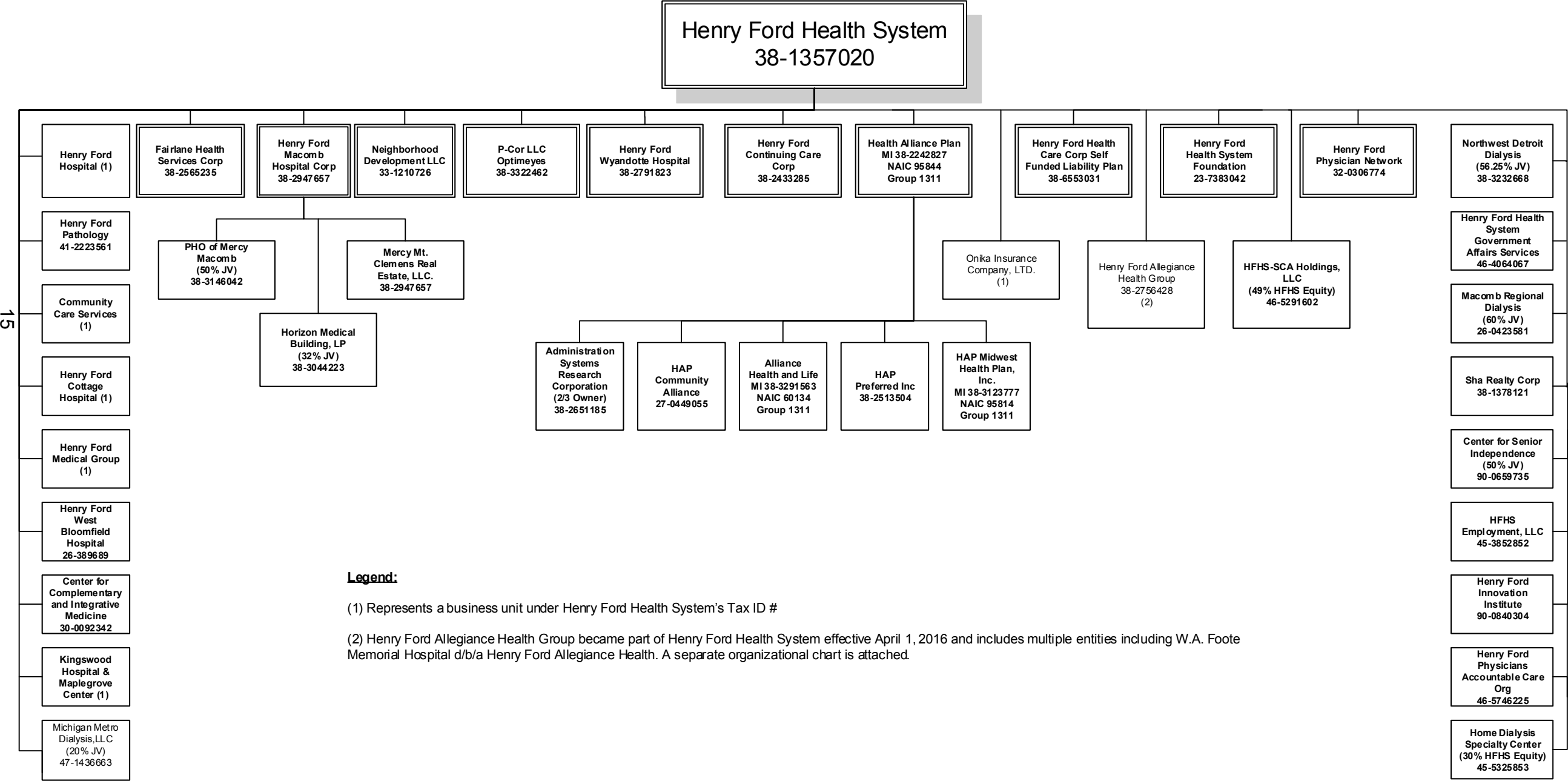
[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

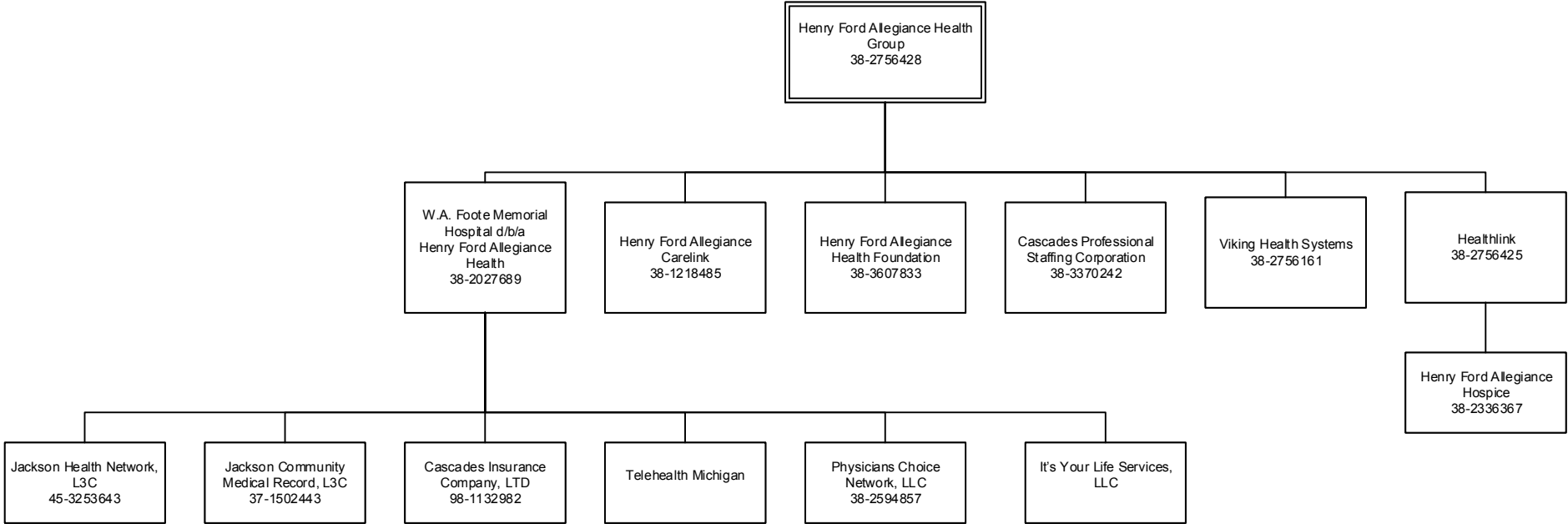
Current Year to Date - Allocated by States and Territories										
States, Etc.	1	Direct Business Only								
		2	3	4	5	6	7	8	9	
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts	
1. Alabama	AL	N						0		
2. Alaska	AK	N						0		
3. Arizona	AZ	N						0		
4. Arkansas	AR	N						0		
5. California	CA	N						0		
6. Colorado	CO	N						0		
7. Connecticut	CT	N						0		
8. Delaware	DE	N						0		
9. Dist. Columbia	DC	N						0		
10. Florida	FL	N						0		
11. Georgia	GA	N						0		
12. Hawaii	HI	N						0		
13. Idaho	ID	N						0		
14. Illinois	IL	N						0		
15. Indiana	IN	N						0		
16. Iowa	IA	N						0		
17. Kansas	KS	N						0		
18. Kentucky	KY	N						0		
19. Louisiana	LA	N						0		
20. Maine	ME	N						0		
21. Maryland	MD	N						0		
22. Massachusetts	MA	N						0		
23. Michigan	MI	L	65,984,593	29,100,864				95,085,457		
24. Minnesota	MN	N						0		
25. Mississippi	MS	N						0		
26. Missouri	MO	N						0		
27. Montana	MT	N						0		
28. Nebraska	NE	N						0		
29. Nevada	NV	N						0		
30. New Hampshire	NH	N						0		
31. New Jersey	NJ	N						0		
32. New Mexico	NM	N						0		
33. New York	NY	N						0		
34. North Carolina	NC	N						0		
35. North Dakota	ND	N						0		
36. Ohio	OH	N						0		
37. Oklahoma	OK	N						0		
38. Oregon	OR	N						0		
39. Pennsylvania	PA	N						0		
40. Rhode Island	RI	N						0		
41. South Carolina	SC	N						0		
42. South Dakota	SD	N						0		
43. Tennessee	TN	N						0		
44. Texas	TX	N						0		
45. Utah	UT	N						0		
46. Vermont	VT	N						0		
47. Virginia	VA	N						0		
48. Washington	WA	N						0		
49. West Virginia	WV	N						0		
50. Wisconsin	WI	N						0		
51. Wyoming	WY	N						0		
52. American Samoa	AS	N						0		
53. Guam	GU	N						0		
54. Puerto Rico	PR	N						0		
55. U.S. Virgin Islands	VI	N						0		
56. Northern Mariana Islands	MP	N						0		
57. Canada	CAN	N						0		
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	65,984,593	29,100,864	0	0	0	95,085,457	0	
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	(a) 1	0	65,984,593	29,100,864	0	0	0	95,085,457	0	
DETAILS OF WRITE-INS										
58001	XXX									
58002	XXX									
58003	XXX									
58998 Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0	0	
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.  
(a) Insert the number of L responses except for Canada and other Alien.

QUARTERLY STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Health Alliance Plan of Michigan  
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 – ORGANIZATIONAL CHART



QUARTERLY STATEMENT AS OF SEPTEMBER 30, 2017 OF THE HAP Midwest Health Plan, Inc.  
 SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
 PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01311.....	Henry Ford Health System Group.	95814.....	38-3123777.....				HAP Midwest Health Plan, Inc.....	MI.....	RE.....	Health Alliance Plan of Michigan.....		100.0	Henry Ford Health System.....	N.....	.0
01311.....	Henry Ford Health System Group.	95844.....	38-2242827.....				Health Alliance Plan of Michigan.....	MI.....	UDP.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-2513504.....				HAP Preferred Inc.....		NIA.....	Health Alliance Plan of Michigan.....		100.0	Henry Ford Health System.....	N.....	.0
01311.....	Henry Ford Health System Group.	60134.....	38-3291563.....				Alliance Health and Life Insurance Company.....	MI.....	IA.....	Health Alliance Plan of Michigan.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-2651185.....				Administration System Research Group.....		NIA.....	Health Alliance Plan of Michigan.....		66.7	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	27-0449055.....				HAP Community Alliance.....		NIA.....	Health Alliance Plan of Michigan.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	45-3852852.....				Henry Ford Health System employment, LLC.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-1357020.....				Henry Ford Health System.....		UIP.....			0.0		N.....	.0
	Henry Ford Health System Group.	00000.....	38-2791823.....				Henry Ford Wyandotte.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-2947657.....				Henry Ford Macomb Hospital.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-3146042.....				PHO of Mercy Macomb.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-2679527.....				Horizon Properties Inc.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-2947657.....				Mercy Mt. Clemens Real Estate, LLC.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-2565235.....				Fairlane Health Services Corp.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	33-1210726.....				Neighborhood Development LLC.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-2433285.....				Henry Ford Continuing Care Corp.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-6553031.....				Henry Ford Health Care Corp.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-6553031.....				Self Funded Liability Plan.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	23-7383042.....				Henry Ford Health System Foundation.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	32-0306774.....				Henry Ford Physician Network.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-3232668.....				Northwest Detroit Dialysis.....		NIA.....	Henry Ford Health System.....		56.3	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	45-5325853.....				Home Dialysis specialty Center.....		NIA.....	Henry Ford Health System.....		30.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	26-0423581.....				Macomb Regional Dialysis.....		NIA.....	Henry Ford Health System.....		60.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-1378121.....				Sha Realty Corp.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	90-0659735.....				Center for Senior Independence.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0



SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
	Henry Ford Health System Group	00000	26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	38-3322462				P Cor, LLC		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	90-0840304				Henry Ford Innovation Insitute		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	46-5746225				Henry Ford Physicians Accountable Care Organization, LLC		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	30-0092342				Center for Complementary and Integrative Medicine		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	46-4064067				Henry Ford Health System Government Affairs Services		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	38-3044223				Horizon Medical Building, LP		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	46-5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	47-1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	38-2756428				Henry Ford Allegiance Health Group		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	38-2024689				Henry Ford Allegiance Health		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	38-1218485				Henry Ford Allegiance Carelink		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	38-3607833				Henry Ford Allegiance Health Foundation		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	38-3370242				Cascades Professional Staffing Corporation		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	37-2756161				Viking Health Systems		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	38-2756425				Healthlink		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	45-3253643				Jackson Health Network, L3C		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	98-1132982				Cascades Insurance Company, LTD		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000					Telehealth Michigan		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	38-2594857				Physicians Chice Network, LLC		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000					It's Your Life Services, LLC		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	38-2336367				Henry Ford Allegiance Hospice		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0
	Henry Ford Health System Group	00000	37-1502443				Jackson Community Medical Record		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	.0

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Asterisk	Explanation
0000001	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1. The Company does not write Medicare Part D

Bar Code:

1.



95814201736500003

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**OVERFLOW PAGE FOR WRITE-INS**

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SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other-than-temporary impairment recognized .....		0
8. Deduct current year's depreciation .....		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	0	0
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....		0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	1,027,117	36,132,587
2. Cost of bonds and stocks acquired .....		12,958,567
3. Accrual of discount .....		3,612
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....		301,695
6. Deduct consideration for bonds and stocks disposed of .....		48,179,688
7. Deduct amortization of premium .....	1,952	189,656
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	1,025,165	1,027,117
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	1,025,165	1,027,117

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	34,029,216			(33,004,050)	37,978,319	34,029,216	1,025,166	78,522,654
2. NAIC 2 (a).....	0				0	0	0	0
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	34,029,216	0	0	(33,004,050)	37,978,319	34,029,216	1,025,166	78,522,654
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0				0	0	0	0
9. NAIC 2 .....	0				0	0	0	0
10. NAIC 3 .....	0				0	0	0	0
11. NAIC 4 .....	0				0	0	0	0
12. NAIC 5 .....	0				0	0	0	0
13. NAIC 6 .....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	34,029,216	0	0	(33,004,050)	37,978,319	34,029,216	1,025,166	78,522,654

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... ; NAIC 2 \$ ..... ;  
NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	34,105,702	xxx	34,105,702	162,320	25,647

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	64,933,639	763,612
2. Cost of short-term investments acquired .....	28,350,288	109,696,297
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....	59,178,225	45,526,270
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	34,105,702	64,933,639
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	34,105,702	64,933,639

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE



Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

**STATEMENT AS OF SEPTEMBER 30, 2017 OF THE HAP Midwest Health Plan, Inc.**

## SCHEDULE E - PART 1 - CASH

[illegible]

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year					
NONE												
					8699999 Total Cash Equivalents					0	0	0

8699999 Total Cash Equivalents	0	0	0
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